

**STUDENT EMERGENCY CONTACT
RELEASE OF INFORMATION
9/27/2017**

Student's Name: _____

Student's phone number: Home: _____

Cell: _____

Emergency contact: (name/relationship) _____

Emergency number for above: _____

Item	Yes	No	Location of the Documents
Criminal Background check through www.castlebranch.com			With student and GSU student file
Proof of liability insurance			With student and GSU student file
Measles, mumps, rubella(MMR) and varicella (chicken pox) immunizations or titre report			With student and GSU student file
Hepatitis B immunization or declination			With student and GSU student file
2-step TB test or X-ray report			With student and GSU student file
Proof of health insurance			With student and GSU student file
Photocopy of GSU ID			With student and GSU student file
CPR card			With student and GSU student file
HIPAA certificate of completion			With student and GSU student file
Blood borne Pathogens certificate of completion			With student and GSU student file
Certificate of Completion of Illinois mandated online training: Recognizing and Reporting Child Abuse			With student and GSU student file
GSU Transcripts			With student and GSU student file
ADA accommodations needed			<input type="checkbox"/> attached <input type="checkbox"/> not applicable

I authorize the Governors State University Department of Communication Disorders to release a copy of the above listed documents, as may be requested by the fieldwork site to which I am assigned.

Student's Signature

Date